

File Original and First Copy with
Department of Ecology
Second Copy — Owner's Copy
Third Copy — Driller's Copy

WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. 4060205

UNIQUE WELL I.D. #

Water Right Permit No. 30-3E-24 R

(1) OWNER: Name TAILBERG WATER SYSTEM Address 4015 - 50th AVE. SW., SEATTLE, WA.

(2) LOCATION OF WELL: County ISLAND SE 1/4 SE 1/4 Sec 24 T. 30 N. R. 3E W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) 3707 S. EAST CAMANO DR., CAMANO IS., WA.

(3) PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal ☐
☐ DeWater ☐ Test Well ☐ Other ☐

(4) TYPE OF WORK: Owner's number of well (if more than one) #1
Abandoned ☐ New well ☒ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☒ Driven ☐
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 464 feet. Depth of completed well _____ ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 " Diam. from 1 1/2 ft. to 455 ft.
Welded ☒ " Diam. from _____ ft. to _____ ft.
Liner installed ☒ " Diam. from _____ ft. to _____ ft.
Threaded ☐ " Diam. from _____ ft. to _____ ft.

Perforations: Yes ☐ No ☒

Type of perforator used _____

SIZE of perforations _____ in. by _____ in.

_____ perforations from _____ ft. to _____ ft.

_____ perforations from _____ ft. to _____ ft.

_____ perforations from _____ ft. to _____ ft.

Screens: Yes ☒ No ☐

Manufacturer's Name JOHNSON

Type STAINLESS STEEL Model No. TELESCOPE

Diam. 6 Slot size .015 from 454 ft. to 464 ft.

Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: Yes ☐ No ☒ Size of gravel _____

Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes ☒ No ☐ To what depth? 100 ft.

Material used in seal BENTONITE

Did any strata contain unusable water? Yes ☐ No ☒

Type of water? _____ Depth of strata _____

Method of sealing strata off _____

(7) PUMP: Manufacturer's Name FINT & WALLING
Type: SUBMERSIBLE H.P. 1

(8) WATER LEVELS: Land-surface elevation 436 ft.
above mean sea level

Static level 435 ft. below top of well Date 10-10-96

Artesian pressure _____ lbs. per square inch Date _____

Artesian water is controlled by _____ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☐ No ☒ Yes, by whom? _____

Yield: _____ g.p.m. at _____ ft. drawdown after _____ hrs.

" " " " " "

" " " " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time Water Level Time Water Level Time Water Level

Department of Ecology

Date of test _____

Bailer test 15 gal./min. with 15 ft. drawdown after 1 hrs.

Airtest _____ gal./min. with stem set at _____ ft. for _____ hrs.

Artesian flow _____ g.p.m. Date 10-9-96

Temperature of water _____ Was a chemical analysis made? Yes ☒ No ☐

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
BROWN SILTY SAND	0	1
TAN SILTY CLAY	1	6
TAN CLAYEY SILT SAND & GRAVEL	6	48
TAN CLAYEY SAND	48	58
TAN CLAYEY SILT	58	72
TAN CLAYEY SAND w/ GRAVEL LAYERS	72	243
BROWN CLAYEY SILT & SAND	243	254
TAN CLAYEY SILT & SAND	254	259
TAN SILTY CLAY	259	271
TAN SILTY SAND	271	274
TAN SILTY CLAY w/ SAND LAYERS	274	298
GRAY SILTY CLAY	298	312
TAN SILT SAND & GRAVEL (TIGHT)	312	343
TAN SILTY SAND	343	382
TAN SILTY CLAY	382	390
TAN SILTY SAND	390	401
TAN SILT SAND & GRAVEL (TIGHT)	401	419
TAN SILT SAND & GRAVEL (LOOSE)	419	436
TAN/GRAY SILTY CLAY	436	441
GRAY SAND	441	443
GRAY/TAN CLAYEY SILT SAND & GRAVEL	443	445
GRAY SILTY CLAY	445	449
GRAY MEDIUM SAND	449	451
GRAY SILTY CLAY	451	453
GRAY SAND & GRAVEL	453	457
TAN SILT SAND & GRAVEL (TIGHT)	457	458
GRAVEL w/ SAND LAYERS	458	462
TAN SILT SAND & GRAVEL (TIGHT)	462	464

Work Started 9-13-96 19. Completed 10-9-96 19

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME WOLFE MECHANICAL SERVICES
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address P.O. BOX 7126 EVERETT, WA.

(Signed) Ken Sample License No. 13
(WELL DRILLER)

Contractor's
Registration
No. WOLFEMIS121CR Date 10-11-96 19

(USE ADDITIONAL SHEETS IF NECESSARY)

Ecology is an Equal Opportunity and Affirmative Action employer. For special accommodation needs, contact the Water Resources Program at (206) 407-6600. The TDD number is (206) 407-6006.



WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form

Unique Well Tag No: APH039

RECORD VERIFICATION (check ☒ one)

- ☒ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

RECEIVED

APR 16 2007

DEPT OF ECOLOGY

WELL OWNERSHIP IF DIFFERENT FROM WELL REPORT

Name: Thilberg Water System

Street Address: 3749 SE CAMANO DR

City: CAMANO ISLAN

State: WA

WELL LOCATION IF DIFFERENT FROM WELL REPORT

Well Address: 3749 Se Camano Dr/R33024-337-1560

City: Camano Island

County: Island

T. 30N

R. 03E W.M.

Sec. 24

SE 1/4 of the NW 1/4

FOR AGENCY USE ONLY

Latitude: 48 4.433346

Longitude: 122 22.30706

Elevation at land surface 396 feet meters (circle one)



GPS



Topographic Map



Survey



Computer generated



Digital Altimeter



Topographic Map



Other: Computer Generated from

DEM and GPS XY Coordinates



Location marked on topographic map (please attach)



Location marked on air photo (please attach)

Tag placed and well
GPS'd by:



FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size of casing, type of well, housing, etc.)

Pumphouse Is To The Right of Property With Green Door

Location of Well Identification Tag:

Was supplemental tag needed for easy of identifying well?

☐

Yes

☒

No

If yes, where was tag placed?

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

SECTION: 30N/03E-24

COMMENTS:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Water Right #

Date Issued:

Circle One:

Application

Permit

Certificate

Claim

Exempt

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Type: SUBMERSTIBLE H.P. 1

(8) WATER LEVELS: Land-surface elevation 936 ft.
Static level 435 ft. below top of well Date 10-10-96
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____ (Cap, valve, etc.)

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Was a pump made? Yes ☐ No ☒ If yes, by whom? _____
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(WELL DRILLER)

Contractor's
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No. WOLFEMIS121CR Date 10-11-96 19

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